

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
 Certification under 37 CFR §1.10 (if applicable)

EF 278 655 148 US
 Express Mail Label Number

August 21, 2001
 Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Lynnea B. Anderson

(Print Name of Person Mailing Application)

Lynnea B. Anderson
 (Signature of Person Mailing Application)

Transmittal of Utility Patent Application
for Filing Under 37 CFR §1.53(b)

Box Patent Application
 Assistant Commissioner for Patents
 Washington, D.C. 20231

Sir:

Transmitted herewith for filing is a utility patent application by inventor: Sydney Brenner and entitled:

POLYMORPHIC DNA FRAGMENTS AND USES THEREOF

1. Enclosed are:

- ☒ This Transmittal letter.
- ☒ One stamped, self-addressed postcard for PTO date stamp.
- ☒ Certificate of Express Mail.
- ☒ One utility patent application containing text pages 1-62 and
☒ 20 Sheets of drawings.
- ☒ Declaration of inventorship (unsigned)

2. U.S. Priority

- ☒ This application claims priority of U.S. Serial No. 60/227,058 filed on August 21, 2000 which is incorporated in its entirety herein by reference.
- ☐ A petition for extension of time has been filed in the parent to extend the pendency of the parent to * (copy enclosed).
- ☒ Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing if required to establish copendency with the parent after all papers filed herewith have been considered.

3. Foreign Priority

- ☐ Priority of Application No. * filed in * on * is claimed under 35 USC §119.
- ☐ A certified copy of this priority document is enclosed.

4. Fees

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	Small Entity			Other Than a Small Entity	
For:	No. Filed	No. Extra	Rate	Fee		Rate	Fee
Basic Fee				\$355.00	or		\$ 710.00
Total Claims	10 20	0	x \$ 9 =	\$	or	0 x \$ 18 =	\$ 00.00
Independent Claims	2 - 3	0	x \$39 =	\$	or	0	\$ 00.00
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$130 =	\$	or	+ \$260 =	\$ 00.00
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$	or	TOTAL	\$ 710.00

- ☒ Please charge Deposit Account 50-0665 in the amount of \$710.00.
- ☒ The Commissioner is hereby authorized to charge fees under 37 CFR \$1.16 and \$1.17 which may be required, or credit any overpayment to Deposit Account 50-0665.

Respectfully submitted,

LeeAnn Gorthey
Registration No. 37,337

Date: 8-21-01

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